Exhibit U
Walker Baptist Medical Center Records dated 8/12/03

24

WALKER BAPTIST MEDICAL CENTER

EMERGENCY PHYSICIAN RECORD
General Adult (5)

BARRON TOMMY
SOUTHERN MEDICAL GRO 08/12/03 [redacted]
MR:0246796 M W 046 ED 09 L
PT: 9612313-8 CFG

TIME SEEN: ______ ROOM: ______ __ EMS Arrival

HISTORIAN: __patient __spouse __paramedics ______

AGE ______ M / F

HX & EXAM LIMITED BY: acute intoxication

Chief complaint: acute Alcohol intoxication

Started: Tonight

time course:	severity:	modifying factors:
✓ still present	__mild	__none
__better	__moderate	acutely intoxicated
__gone now	✓ severe	
__worse		

Presents too intoxicated (via ambulance) & pt hesitant to give a verbal hx so the only hx is here in the ER

__Similar symptoms previously ______

__Recently seen/treated by doctor ______ (backslashed)

ROS

CONST.
__fever ______
subjective / to ____ °F
__chills ______

ENT
__sore throat ______
__nasal drainage / congestion ______

CHEST / CVS
__cough ______
sputum ______
__trouble breathing ______
__chest pain ______

GI
__abdominal pain ______
__nausea / vomiting ______
__diarrhea ______
__black / bloody stools ______

URINARY
__problems urinating ______
__frequent urination ______

FEMALE GENITAL
__abnormal bleeding / discharge
LMP ______
postmenopausal / hysterectomy

SKIN / Musculoskeletal
__skin rash ______
__back pain ______
__leg pain ______
__foot swelling ______

NEURO / EYES
__headache ______
__blackout ______
__lost feeling / power
in arm leg face R / L
__difficulty walking ______
__difficulty with speech ______
__double vision ______
__confusion ______

✓ all systems neg. except as marked

PAST HISTORY __negative

__neurological problems ______
CVA seizure disorder

__lung disease ______
asthma emphysema

__cardiac disease ______
heart attack (MI) angina
heart failure

__diabetes ______
insulin-dependent diet-controlled
oral hypoglycemic

✓ high blood pressure ______

__high cholesterol ______

__other problems ______

Medications __none ✓ see nurses note
__ASA __NSAID __acetaminophen

Allergies ✓ NKDA
__see nurses note

SOCIAL HX (smoker) ______ drugs ______
alcohol (occasional / frequent / recent)

FAMILY HX ______

☐ Nursing Assessment Reviewed. ☐ BP, HR, RR, Temp reviewed.

PHYSICAL EXAM

~~Alert~~ __Anxious __IV- ethanol

General Appearance- Distress- ✓ no acute __moderate __severe

Eyes blood shot c slurred speech

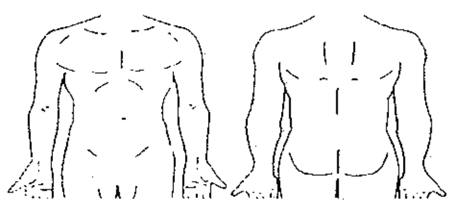
HEENT
- ✓ ENT inspection nml
- ✓ pharynx nml
- __scleral icterus / pale conjunctivae
- __purulent nasal drainage
- __pharyngeal erythema / exudate

NECK
- ✓ nml inspection
- ✓ thyroid nml
- __thyromegaly
- __lymphadenopathy (R / L)

RESPIRATORY
- ✓ no resp. distress
- ✓ breath sounds nml
- ✓ chest non-tender
- __see diagram
- __wheezing
- __rales
- __rhonchi

CVS
- ✓ regular rate, rhythm
- ✓ no murmur
- ✓ no gallop
- __irregularly irregular rhythm
- __extrasystoles (occasional / frequent)
- __tachycardia / bradycardia
- __PMI displaced laterally
- __JVD present
- __murmur grade __ /6 sys / dias
- __gallop (S3 / S4)
- __friction rub
- __decreased pulse(s)
  - R carotd__ fem__ dors ped__
  - L carotd__ fem__ dors ped__

T=tenderness
R=rebound
m=mild
mod=moderate
sv=severe
Example- Tsv indicates severe tenderness.



ABDOMEN
- ✓ non-tender
- ✓ no organomegaly
- ✓ nml bowel sounds
- __tenderness
- __guarding
- __rebound
- __abnormal bowel sounds *increased / decreased / absent*
- __hepatomegaly /splenomegaly / mass

RECTAL
- __non-tender
- __heme neg stool
- __black / bloody / heme pos. stool
- __tenderness / mass / nodule

BACK
- ✓ nml inspection
- __CVA tenderness (R / L)

SKIN
- ✓ color nml, no rash
- ✓ warm, dry
- __cyanosis / diaphoresis / pallor
- __skin rash

EXTREMITIES
- ✓ non-tender
- ✓ full ROM
- ✓ no pedal edema
- __pedal edema
- __calf tenderness

NEURO/PSYCH
- ✓ oriented x3
- __mood/affect nml
- ✓ CN's nml (2-12)
- ✓ no motor/sensory deficit
- __disoriented to person / place / time
- __depressed affect
- __facial droop/EOM palsy/anisocoria
- __weakness / sensory loss

EKG, LABS, XRAYS, and PROGRESS

EKG MONITOR STRIP __NSR __Rate

EKG __NML ☐ Interp. by me. ☐ Reviewed by me Rate
__NSR __nml intervals __nml axis __nml QRS __nml ST/T

not / changed from:

CXR ☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/radiologist.
__nml/NAD __no infiltrates __nml heart size __nml mediastinum

Positive

not / changed from:

CBC normal except	Chemistries normal except		UA normal except (pos)
WBC	Na 132	CK	WBC
Hgb	K	CKMB	RBC's
Hct	Cl 97	Troponin	bacteria
Platelets	CO2	Ca++ 8.0	dip:
segs	BUN	PT	ETOH
bands	Creat	PTT	
lymphs	Gluc		
monos	Anion Gap	Amylase	264
eos		Lipase	

Time__ __unchanged __improved __re-examined

Plan: will request Bradford's Counselor to come & interview pt for treatment of ETOH abuse.

__Rx given

__Discussed with Dr. __ will see patient in: office / ED / hospital
✓ Counseled patient / family regarding: lab results diagnosis need for follow-up
__Admit orders written
__CRIT CARE- 30-74 min 75-104 min __ min
__Prior records ordered
__Additional history from: family caretaker paramedics

CLINICAL IMPRESSION:

Acute alcohol intoxication
alcohol dependency

Discharge Instructions

DISPOSITION- ☑ home ☐ admitted ☐ transferred
CONDITION- ☐ unchanged ☐ improved ☐ stable

__ NP / PA

[signature] MD / DO

I have personally performed and participated in all the above services (including HPI and PE) and procedures. I have reviewed with the PA/NP the history and have confirmed the findings with the patient.

☑ Template complete ☐ Progress Notes

WALKER
BAPTIST MEDICAL CENTER

EMERGENCY DEPARTMENT RECORD

PATIENT NO.	DATE	TIME	CLINIC 1	VERIFIED BY	ROOM NO.	TYPE	I/C	SPECIALTY	CLERK
9612313-8	08/12/03	01:54	ERRM		ED 09	E	L		CFG

AGE	BIRTHDATE	SEX	RACE	M/S	MOTHER'S MAIDEN NAME	SOCIAL SECURITY NO.	PHONE	COUNTY	MED. REC. NO.
046	[redacted]	M	W	M	HAGOOD	[redacted]	[redacted]	WALKER	0246796

PATIENT NAME & ADDRESS
BARRON [redacted] TOMMY
[redacted]

LAST VISIT DATE & TYPE: 07/31/03 INPTO
ACCIDENT DATE/CAUSE: 08/11/03 ONSET OF SY
W/C CONTACT:
AUTH. NO.:
ARRIVED VIA: AMBULANCE-OT
RECEIPT NO. & AMT.:

GUARANTOR NAME & ADDRESS
BARRON ,TOMMY
[redacted]
SOC. SEC. NO. [redacted]
PHONE [redacted]

EMPLOYMENT INFORMATION - ONE
REL: 01PATIENT
SOCIAL SECURITY #: [redacted]
PHONE:
STAT.:

EMPLOYMENT INFORMATION - TWO
REL: 02SPOUSE
SOCIAL SECURITY #: 426-21-7299
PHONE:
STAT.: 3

IN CASE OF EMERGENCY CONTACT (NAME & ADDRESS)
SARAH 205924069
JAN EDWARDS 9244019 FRIEN
RELATIONSHIP:
PHONE:

PHYSICIANS' NUMBERS AND NAMES
1 999995 SOUTHERN MEDICAL GRO
2
3 000000 NO FAMILY PHYSICIAN
PCP PHYSICIAN

1. INSURANCE CODE & NAME: 1M60MEDICARE OUTPT	POLICY NO.: [redacted]		GROUP NO.
PRECERTIFICATION NO.	SUBSCRIBER NAME & BIRTHDATE: BARRON ,TOMMY		
2. INSURANCE CODE & NAME: 2K28MEDICAID 2NDA	POLICY NO.: [redacted]		GROUP NO.
PRECERTIFICATION NO.	SUBSCRIBER NAME & BIRTHDATE: BARRON ,TOMMY		
3. INSURANCE CODE & NAME	POLICY NO.		GROUP NO.
PRECERTIFICATION NO.	SUBSCRIBER NAME & BIRTHDATE		
4. INSURANCE CODE & NAME	POLICY NO.		GROUP NO.
PRECERTIFICATION NO.	SUBSCRIBER NAME & BIRTHDATE		

CHIEF COMPLAINT: CONSULT
CODES:
COMMENTS:

RESULTS
Monitor
EKG
Radiology
Laboratory
Other

Time Examining MD Notified: _____ Time Patient Examined: _____
Condition on Arrival: ☐ Satisf. ☐ Fair ☐ Poor ☐ Critical
Chief Complaint: _____
HPI _____

Provisional Diagnosis: _____

Disposition Time: ☐ Discharged ☐ Admitted ☐ Transferred ☐ AMA
Condition On Discharge: ☐ Satisf. ☐ Fair ☐ Improved ☐ Poor ☐ Critical
Certified Emergency: ☐ **Yes** ☐ **No**

CONSULT	TIME NOTIFIED	RESPONDED	ARRIVED

_____ M.D.
Examining M.D. Signature

WALKER
BAPTIST MEDICAL CENTER

DISCHARGE INSTRUCTIONS

NAME BARRON TOMMY DATE 08/12/03 PT # 9612313-8

Discharge Instructions Given to Patient

Fever	Back Pain
Head Injury	Sprain/Strain
Cast/Splint	Vomiting/Diarrhea
Wound Care	UTI
Crutch Training	Food/Drug Interaction

Other _____

1. Return if worse. 2. Read instruction sheet.
3. Have prescription(s) filled as soon as possible.
4. Special instructions: _____
5. Medication received in ER may hinder your ability to operate any vehicle or other type of machinery.
6. You should see Dr. _____ in _____ days.
   You should see Dr. _____ in _____ days.
   Call for appointment, phone number _____

Examination and treatment you have received in the Emergency Department is given as emergency care only. It is not indended to be a substitute for complete medical care. X-ray impressions made in the Emergency Department are subject to review. If the review indicates additional information, you or your physician will be contacted.

I acknowledge that I have received and understand these instructions.

Patient Signature _____ Date _____ Time _____

Nurse Signature _____

SCHOOL / WORK EXCUSE

WALKER
BAPTIST MEDICAL CENTER

Date 08/12/03 Patient Name BARRON TOMMY

May Return to Work / School Date _____

Restrictions: ☐ None ☐ Other _____

MD Signature _____

WALKER
BAPTIST MEDICAL CENTER

Name BARRON TOMMY Date 08/12/03
2651 LEONARDS CHAPEL ROAD

Address CARBON HILL AL 355493450

MEDICINE PRESCRIBED

MEDICINE	SIG	DISP	REFILL

Fill All Medicines Prescribed

DISPENSE AS WRITTEN _____ MD DEA NO. _____

PROD. SELECTION PERMITTED _____ MD LICENSE NO. _____

BARRON TOMMY
SOUTHERN MEDICAL GRO 08/12/03
MR: 0246796 M W 046 [redacted]
PT: 9612313-8 CFG ED 09 L

WALKER

PATIENT STATUS

A. PATIENT ADMITTED**DO NOT DISCHARGE**

1. DIED
2. LAMA (LEFT AGAINST MEDICAL ADVICE)
3. TRANSFERRED
4. DISCHARGED
5. LEFT BEFORE SEEN
6. BMC NOT INSURANCE PROVIDER

PHYSICIAN Roberts

DISCHARGE TIME 1635

CERTIFIED EMERGENCY (YES) OR NO

(MEDICAID ONLY) _____

CO-PAY OR EMERGENCY DEPARTMENT FEE
DUE AT END OF VISIT

WALKER
BAPTIST MEDICAL CENTER

BARRON TOMMY
SOUTHERN MEDICAL GRO 08/12/03
MR:0246796 M W 046 [redacted]
PT: 9612313-8 CFG ED 09 L

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Emergency Department
ORDER FORM

MEDICATION / TREATMENT / RESPONSE

TIME	MEDICATION / TREATMENT	DOSE	ROUTE	SITE	INITIAL	TIME	PATIENT RESPONSE	INITIAL

MD ORDERS

TIME	MD ORDERS
	(1) Foley [illegible] placed [illegible] sterile technique [illegible] 300 cc clear yellow urine noted — [illegible]
	Bonna Bag V.O. Dr Shipman/ [illegible]
1000	[illegible] 300 cc urine emptied [illegible] Dr. Dowell [illegible]
1030	[illegible] [illegible] 400 cc emptied [illegible] [illegible] Patient [illegible] — [illegible] [illegible] understands [illegible] D/C instructions [illegible] [illegible] refused to sign D/C [illegible]

INTERVENTIONS/ORDERS

EXP-Lot No. ☐ B/P Monitoring ☐ IV ☐ Hep Lock ☐ Oxygen ☐ Pulse OX ☐ Telemetry

TD 0.5 MI IM

0807 (Bld & 5 C&S) LABORATORY UAY

TEST

DW (1) ☑ CBC WBC ______ HGB ______ PLT CT. ______ HCT ______ SEG ______ B ______

☐ Cardiac Enzymes CK______ MB ______ CKMB% ______

☐ Troponin ______ ☐ CPK ______

☐ PT ______ PTT ______ INR ______

☐ BMP Na ______ K ______ Cl ______ CO2 ______ BUN ______ Creat ______ AG ______ Glucose ______ Ca ______ Osmo ______

(2) ☑ CMP: BMP (Above) - Hepatic Function Panel (Below)

☐ Hepatic Function Panel Albumin ______ Total Protein ______ Bilirubin ______ Bili Direct. ______ Alk. Phos. ______ SGOT ______ SGGT

☐ Amylase ______ ☐ Lipase ______

☐ Theophylline ______ ☐ Dilantin ______

☐ Digoxin ______ ☐ Phenobarb ______

(3) ☑ UA SPGR ______ WBC ______ RBC ______ Gluc ______ Ket ______ Bact ______ Nitrate ______

(4) ☑ Urine Culture ☐ Cath ☑ CCU ☐ Urine Pregnancy

☑ Urine Drug Screen ______ (4) ☑ ETOH

(5) ☐ Serum Pregnancy ☐ Neg ☐ Pos ☐ Quant

☐ Rapid Strep ☐ Throat Culture ☐ Mono Spot

DW ☐ Blood Culture x ______

0843 (6) ☑ Repeat BAL

☐

VITAL SIGNS

TIME	TEMP	PULSE	RESP	B/P	PULSE OXIMETRY	NURSE SIGNATURE/TITLE
1034		92	20	131/90		[illegible]

See Vital Signs Flow Sheet

RADIOLOGY

Time To ______ Time From ______

IV FLUIDS

TIME	NO	TYPE	AMT	RATE	CATH	ROUTE/LOC	NO. OF STICKS	NURSE INIT
0820	1	Saline lock	10	[illegible]	18g	(L) FA	1	J[illegible]
~	"	[illegible]	1l	D.C	"	"	"	"
0130	3	NS	1l	[illegible]				DS

RESPIRATORY

☐ ABG PH ______ CO2 ______ PO2 ______ SAT ______

☐ Breathing Treatment Medication ______

☐ EKG ☐ ISR Rate ______ ☐ ABNL ______

☐

NURSE DISCHARGE CHECKLIST ☐ Tetanus Given ☒ IV Site Checked ☐ Valuables Checklist ☐ Antibiotic Given

CERTIFIED EMERGENCY ☑ YES ☐ NO

DIAGNOSIS ☑ SEE T-SHEET OTHER ______

METHOD OF LEAVING ED: ☑ Ambulatory ☐ Stretcher ☐ Wheelchair ☐ Crutches ☐ Carried ☐ Amb./Helicopter

DISPOSITION ☑ Discharged ☐ 23 Hr. Obs ☐ Admit to Rm./Unit: ______ ☐ Report to/Time ______ ☐ AMA ☐ Transfer to Hosp./Fac ______

☐ OBSERVATION @ Time ______ ☐ Chest Pain Bed ☐ Stroke Bed ☐ Critical Care Bed ☐ ICU - Bed ☑ Other: ______

DISCHARGE INSTRUCTIONS: As per Bradford's recommendations
1) Stop Drinking 2) See your Dr.

☑ Return to Emergency Department as Needed ☐ F/U with MD in ______ or if needed.

CONDITION AT DISCHARGE: ☐ GOOD ☑ FAIR ☐ POOR ☐ DECEASED

PATIENT D/C INSTRUCTIONS GIVEN: ☐ Head Injury Sheet ☐ Wound Sheet ☐ Fever Sheet ☐ Crutch Precautions ☐ Sprain/Bruise Sheet ☐ Eye Patch Sheet ☐ Clear Liquid Sheet ☐ TAB Sheet ☐ Instructed Not to Drive Due to Sedation ☐ Instructed to Wait 15 Minutes After Injection / PO MED ☐ RX ☑ Written Patient Instructions ☐ See Nurse's Notes

DISCHARGE TIME 1135

Physician's Signature [signature] M.D.

Discharge Nurse's Signature [signature]

Patient Name: BARRON ,TOMMY

Med.Rec.#: (8000)000246796
Patient#: 96123138
Age: 46 YRS Sex: MALE
Physician: EMER ROOM STAFF PHYSICIAN
ETOH PYSCH

Location: EDW
Admission Date: 08/12/03
Date/Time: 08/12/03 0918

THERAPEUTIC DRUG MONITORING & TOXICOLOGY

COLLECT DATE: 08/12/03
COLLECT TIME: 0850

		UNITS	REFERENCE
----- Volatiles -----			
ALCOHOL	170	MG/DL	

ALCOHOL (06/24/96 -- Current)
NORMAL-NEGATIVE. FATAL CONCENTRATION IS ABOVE 450 MG/DL.
COMATOSE LEVEL : 350-500 MG/DL.
INDIVIDUALS WITH CONCENTRATIONS GREATER THAN 80 MG/DL ARE CONSIDERED TO BE UNDER THE INFLUENCE OF ALCOHOL.

*** END OF REPORT ***

Patient Name: BARRON ,TOMMY
Med.Rec.#: (8000)000246796

EXPEDITE REPORT

Patient Name: BARRON ,TOMMY

Med.Rec.#: (8000)000246796
Patient#: 96123138
Age: 46 YRS Sex: MALE
Physician: EMER ROOM STAFF PHYSICIAN
ETOH PYSCH

Location: EDW
Admission Date: 08/12/03
Date/Time: 08/12/03 0308

CHEMISTRY-SURVEYS & PANELS

COLLECT DATE: 08/12/03
COLLECT TIME: 0230

			UNITS	REFERENCE
SODIUM	132	L	mmol/L	(136-145)
POTASSIUM	3.8		mmol/L	(3.5-5.1)
CHLORIDE	97	L	mmol/L	(98-107)
CO2	27		mmol/L	(23-29)
BUN	6		mg/dl	(5-20)
CREATININE	1.0		mg/dl	(0.9-1.5)
ANION GAP	8			
GLUCOSE	92		MG/DL	(70-104)
CALCIUM	8.6	L	MG/DL	(8.8-10.2)
ALBUMIN	4.0		g/dl	(3.5-5.0)
TOTAL PROTEIN	7.6		g/dl	(6.3-8.3)
BILIRUBIN TOTAL	.5		mg/dl	(.2-1.0)
OSMO (CALCU)	262		MOS/KG	(253-306)
ALK PHOS	103		U/L	(45-122)
SGOT	32		U/L	(10-34)
SGPT	27		U/L	(10-44)

Footnotes
L = Low

*** END OF REPORT ***

Patient Name: BARRON ,TOMMY
Med.Rec.#: (8000)000246796

EXPEDITE REPORT

Patient Name: BARRON ,TOMMY

Med.Rec.#: (8000)000246796
Patient#: 96123138
Age: 46 YRS Sex: MALE
Physician: EMER ROOM STAFF PHYSICIAN
ETOH PYSCH

Location: EDW
Admission Date: 08/12/03
Date/Time: 08/12/03 0317

DRUG SCREENS

COLLECT DATE: 08/12/03
COLLECT TIME: 0245

		UNITS	REFERENCE
BARBITURATE	NEG		
BENZODIAZEPINE	NEG		
CANNABINOIDS	NEG		
COCAINE	NEG		
PCP	NEG		
AMPHETAMINE	NEG		
OPIATE	POS *		
TRICYCLICS	NEG		

Footnotes
* = Abnormal

*** END OF REPORT ***

Patient Name: BARRON ,TOMMY
Med.Rec.#: (8000)000246796

EXPEDITE REPORT

Patient Name: BARRON ,TOMMY

Med.Rec.#: (8000)000246796
Patient#: 96123138
Age: 46 YRS Sex: MALE
Physician: EMER ROOM STAFF PHYSICIAN
ETOH PYSCH

Location: EDW
Admission Date: 08/12/03
Date/Time: 08/12/03 0306

URINALYSIS

COLLECT DATE: 08/12/03
COLLECT TIME: 0245

		UNITS	REFERENCE
----- Macroscopic Analysis -----			
COLOR	YELLOW		(STRW/YEL)
APPEARANCE	CLEAR		(CLEAR)
PH	6.0		(5.0-8.0)
SPEC GRAVITY	1.010		
SPEC GRAVITY (12/04/98 -- Current)			
NORMAL REFERENCE RANGE 1.005 - 1.030			
GLUCOSE	NORMAL		(NEG)
BLOOD	NEGATIVE		(NEG)
PROTEIN	NEGATIVE		(NEG)
KETONES	NEGATIVE		
UROBILINOGEN	NORMAL		
UROBILINOGEN (10/27/98 -- Current)			
NORMAL REFERENCE RANGE 0.1 - 1.0 Eu/DL			
BILE	NEGATIVE		(NEG)
LEUKOCYTE ESTER	NEGATIVE		(NEG)
NITRATE	NEGATIVE		(NEG)

*** END OF REPORT ***

Patient Name: BARRON ,TOMMY
Med.Rec.#: (8000)000246796

EXPEDITE REPORT

Patient Name: BARRON ,TOMMY

Med.Rec.#: (8000)000246796
Patient#: 96123138
Age: 46 YRS Sex: MALE
Physician: EMER ROOM STAFF PHYSICIAN
ETOH PYSCH

Location: EDW
Admission Date: 08/12/03
Date/Time: 08/12/03 0256

THERAPEUTIC DRUG MONITORING & TOXICOLOGY

COLLECT DATE: 08/12/03
COLLECT TIME: 0230

		UNITS	REFERENCE
----- Volatiles -----			
ALCOHOL	261	MG/DL	

ALCOHOL (06/24/96 -- Current)
NORMAL-NEGATIVE. FATAL CONCENTRATION IS ABOVE 450 MG/DL.
COMATOSE LEVEL : 350-500 MG/DL.
INDIVIDUALS WITH CONCENTRATIONS GREATER THAN 80 MG/DL ARE CONSIDERED TO BE UNDER THE INFLUENCE OF ALCOHOL.

*** END OF REPORT ***

Patient Name: BARRON ,TOMMY
Med.Rec.#: (8000)000246796

EXPEDITE REPORT

Patient Name: BARRON ,TOMMY

Med.Rec.#: (8000)000246796
Patient#: 96123138
Age: 46 YRS Sex: MALE
Physician: EMER ROOM STAFF PHYSICIAN
ETOH PYSCH

Location: EDW
Admission Date: 08/12/03
Date/Time: 08/12/03 0247

HEMATOLOGY

COLLECT DATE: 08/12/03
COLLECT TIME: 0230

		UNITS	REFERENCE
WBC	**4.3** L	K/CMM	(5.4-10.9)
RBC	4.50	M/CMM	(3.90-5.30)
HGB	14.8	GM/DL	(11.7-16.4)
HCT	43.1	%	(34.0-45.9)
MCV	**95.8** H	fL	(79.5-93.5)
MCH	32.9	UUG	(27.8-33.1)
MCHC	34.3	%	(33.0-37.5)
RDW	13.2	fL	(10.9-16.3)
PLATELET	177	K/CMM	(138-297)
MEAN PLAT VOLUM	9.6	fL	(8.4-12.3)
	----- **Differential, Manual** -----		
SEGS	51	%	(38-84)
LYMPHOCYTE	35	%	(9-50)
MONOCYTE	8	%	(3-13)
EOSINOPHIL	5	%	(0-9)
BASOPHILS	1	%	(0-1)

Footnotes
L = Low, H = High

***** END OF REPORT *****

Patient Name: BARRON ,TOMMY
Med.Rec.#: (8000)000246796

EXPEDITE REPORT

WALKER BAPTIST MEDICAL CENTER

EMERGENCY DEPARTMENT RECORD

PATIENT NO.	DATE	TIME	CLINIC 1	VERIFIED BY	ROOM NO.	TYPE	F/C	SPECIALTY	CLERK
9612313-8	08/12/03	01:54	ERRM		ED 09	E	L		CFG

VITAL SIGNS					ORTHOSTATIC VITAL SIGNS				
TIME	T	P	R	BP	BP (lying)	P	BP (standing)	P	O2 SAT / FIO2

MONITOR / TREATMENT	TIME	NURSE'S NOTES
Cardiac	0905	pt resting eyes
Fast Patch		closed easily aroused
Pacer Pads		Remains connected to
Pulse Ox		bedside monitor foley
NIBP		patent. banana bag
TREATMENT:		infusing site clean
O2 Device		——— DB
FIO2	0908	Priscilla from Bradford
ET Tube		in ER to evaluate
CO2 DET		pt ——— DB
Tube Tamer	1130	D. Shipman + Bradford
Stylette		@ bedside ——— DB
Suction	0830	pt resting eyes
Yankauer		closed easily
Control Tip		aroused VS per
Oral Airway		flow sheet no
Nasal Airway		needs voiced
NG Tube		——— DB
Lavacuator	0914	pt resting lying
Foley		quiet + unlabored
OCL		connected to
IN ___ FT ___		bedside monitor
Emesis Bag		foley patent
Sterile 4x4's		no needs voiced
Betadine Soak		——— DB
Pencil Cautery		
Other		
Eye Tray		
Irrigation Sol		
Morgan Lens		
Ear Tray		
Chest Tube Tray		
Chest Tube		
Blade		
Suture		
Xylocaine		
Thoraseal		
Trach Tray		
Trach Tube		
Vein Cutdown		
Triple Lumen		
Percut Introducer		
Open Chest		
Peritoneal Lavage		
Other		

IV FLUIDS

TIME	#	TYPE	AMT	RATE	CATH	SITE	INIT

MD ORDERS

TIME ORDERED		TIME DONE/INIT

ADVERSE REACTION TO MEDICATION ☐ Yes ☐ No

RX WITH WARNING GIVEN ☐ Yes ☐ No

☐ Admitted ☐ Discharged ☐ Transferred

Nurse Report Called To: Time

Patient Condition on Discharge ☐ Stable ☐ Improved ☐ Unchanged

Time Discharged

RN Signature 1. [illegible] 2.

TRIAGE NAME Tommy Barron | AGE 46 | DOB 8/12

EMERGENCY DEPT. TRIAGE FORM

BARRON TOMMY
SOUTHERN MEDICAL GRO 08/12/03
MR:**0246796** M W 046 [redacted]
PT: **9612313-8** CFG ED 09 L

ROOM # 20 | TIME IN ROOM 0145 | EMERG | URGENT X | SEMI-URGENT | NON-URGENT | RECHECK ☐ Scheduled ☐ Non-Scheduled

ACCOMPANIED ON ARRIVAL BY: ☐ SELF ☐ RELATIVE ☐ OTHER | ☐ TRANSFER FROM ____ HOSP | NOTIFIED: Police ☐ Family ☐ Coroner ☐ Time: ____

MODE OF ARRIVAL: ☐ PRIVATE VEHICLE ☒ AMBULANCE ☐ POLICE ☐ OTHER | ☐ AMBULATORY ☐ WHEELCHAIR ☐ CARRIED ☐ CRUTCHES ☒ STRETCHER

FAMILY M.D ____ | SIGN IN TIME 0145 | Have you seen an M.D. in the last 24 hours? Y ☐ N ☐ | Call Light ☒ | Side Rail Up ☒ | Valuables ☐ Y ☒ N ☐ See Valuables Checklist

AREA ☐ MAIN ED ☐ TRAUMA ☐ Major ☐ Minor ☐ MEDICAL ☐ Cardiac ☐ Non-Cardiac ☐ FAST TRACK ☐ GYN ☐ ENT ☐ ORTHO ☐ Other ____

CHIEF COMPLAINT Psych evaluation ETOH

TREATMENT PRIOR TO ARRIVAL: ☐ None
Medication: ____ Time ____
Other: ____
Prehospital Care:
☐ None ☐ Ice ☐ Elevate
☐ Spinal Immob. ☐ Splint ____
☐ C-Collar ☐ IV ____
☐ Dressing ____ ☐ O2 ____

PAST MEDICAL HISTORY ☐ Non-significant PMH ☐ AMI Date ____ ☐ CHF
☐ HTN ☐ CABG ☐ CAD ☐ ASCVD ☐ Diabetes ☐ PUD
☐ CRF ☐ COPD ☐ Asthma ☐ Sz Disorder Use ☐ Arthritis ☐ Ca
☐ CVA ☐ Sickle Cell ☐ HIV ☐ Hepatitis ☐ Liver Disease
☐ Migraine ☒ Other: ____
Weight 160 ☐ Tobacco use 1-2 ppd ☐ Alcohol use qd

ALLERGIC TO DRUG ☐ YES ☒ NO LIST: ____
FOOD ☐ YES ☐ NO LIST ____

PRESENT MEDICATIONS NONE ☐ SEE HOME MED SHEET ☐ SEE NURSING HOME LIST ☐

Tetanus ☐ U.T.D. ☐ unknown ☐ > 5 years

VITAL SIGNS

Time	Pulse	Resp.	B/P	Temp	Pulse Ox
0150	98	22	124/91	96.9 R	

ASSESSMENT

RESPIRATORY
☐ Not applicable
☐ Normal bilateral
☐ labored
☐ dyspnea
☐ wheezing R L
☐ retractions
☐ nasal flaring
☐ decreased R L
☐ Cough
☐ non-productive
☐ productive
☐ sputum color ____
☐ airway clear
☐ partial obstructed
☐ obstructed

CARDIO-VASCULAR
☐ Not applicable
☐ Pulse regular
☐ irregular
☐ Skin W & D
☐ cool & clammy
☐ Skin pink/normal
☐ pale
☐ cyanotic
☐ flushed
☐ jaundiced
☐ rash
☐ Cap refill <2 sec
☐ >2 sec
☐ Pulses intact
☐ Edema
☐ JVD

NEUROLOGICAL
☐ Not applicable
☐ cooperative
☐ uncooperative
☐ agitated/combative
☐ alert
☐ disoriented
☐ inappropriate
☐ sleeping
☐ Reported LOC ☐ Y ☐ N ____ mm Size ____ mm
Min ____ Brisk ____
☐ alert/playful Sluggish ____
☐ crying Fixed ____
☐ irritable

GASTROINTESTINAL
☐ Not applicable
☐ Bowel sounds present
Abdominal
☐ Soft ☐ Firm
☐ Nondistended ☐ Distended
Abdominal Tenderness
☐ Yes ☐ No
☐ Rebound Last BM ____
Diarrhea ☐ Yes ☐ No
Vomiting ☐ Yes ☐ No

GENITOURINARY
☐ Not applicable ☐ Dysuria
☐ Frequency ☐ Discharge
☐ Swelling ____
☐ Hx of Bleeding
☐ LMP ____

HYDRATION STATUS
☐ Not applicable
Mucous Membranes:
☐ Moist ☐ Dry
Eyes:
☐ Normal ☐ Sunken
Skin Turgor:
☐ Poor ☐ Normal

FONTANELLES ☐ N/A > 19 mon
☐ flat ☐ bulging
☐ depressed

GROWTH & DEVELOPMENT
Personal-Social ☐ WNL no
Fine Motor ☐ WNL no
Language ☐ WNL no
Gross Motor ☐ WNL no

PEDIATRIC IMMUNIZATION:
☐ UTD
☐ NUTD*
Head Circum. ____
☐ N/A > 36 mon
Birth Weight ____

SKIN/EXTREMITY
☐ Not Applicable
☐ Wound/Injury (Describe)
____
____

Fall Precaution: ☐ Yes ☐ No
Green Armband On: ☐ Yes ☐ No
At Risk for Skin Breakdown: ☐ Yes ☐ No
Advance Directive ☐ Yes ☐ No
DNR ☐ Yes ☐ No

Neck
☐ Not Applicable
☐ Supple
☐ Other ____

Pupils
☐ Not Applicable
Acuity
____ R ____ L

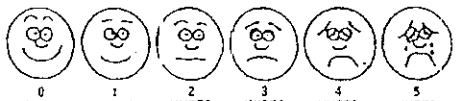
NEUROLOGICAL GLASGOW COMA SCALE
Eyes 4
Verbal 5
Motor 6
TOTAL 15

PUPILS (mm) KEY
1 2 3 4 5 6 7 8

PAIN ASSESSMENT

☐ NONE ☐ CURRENTLY HAVE PAIN ☐ PAIN IN LAST 6-8 WEEKS
LOCATION ____
ONSET ____ QUALITY ____ ☐ CONSTANT ☐ INTERMITTENT
WHAT HAS RELIEVED YOUR PAIN? PAST: ____ CURRENT: ____
CURRENT PAIN LEVEL NEONATE (0-10) ____ INFANT/CHILD (0-5) ____ ADULT (0-10) ____

Pain Intensity (VAS or FACES)



VAS
Rate Pain and effectiveness on scale
0 = no pain & 10 = worst pain
0 1 2 3 4 5 6 7 8 9 10

NUTRITION SCREEN

☐ No Apparent Problem ☐ Teeth Intact ☐ Missing Teeth ☐ Toothless
☐ Poor Appetite ☐ Emaciated Appearance ☐ Obese Appearance ☐ Unintentional Weight Loss
☐ Pregnancy ☐ Lactating ☐ Anemia ☐ Eating Disorder (>10 lbs. in last 3 months)

FUNCTIONAL SCREEN

☐ Difficulty performing ADLS without assistance or special aid's: ____
☐ Problems with balance or mobility: ____
☐ Difficult speech, chewing or swallowing problems ☐ Visual Impairment

ASSESSMENT KEY

	INFANT / TODDLER (GCS) GLASGOW COMA SCALE		CHILDREN /ADULT GLASGOW COMA SCALE	
EYE OPENING	SPONTANEOUS	4	SPONTANEOUS	4
	TO SPEECH	3	TO VOICE	3
	TO PAIN	2	TO PAIN	2
	NONE	1	NONE	1
VERBAL RESPONSE	SMILES, INTERACTS	5	ORIENTED	5
	CONSOLABLE	4	CONFUSED	4
	CRIES TO PAIN	3	INAPPROPRIATE WORDS	3
	MOANS TO PAIN	2	INCOMPREHENSIBLE WORDS	2
	NONE	1	NONE	1
MOTOR RESPONSE	NORMAL, SPONT MOVEMENT	5	OBEYS COMMAND	6
	LOCALIZES PAIN	5	LOCALIZES PAIN	5
	WITHDRAWS TO PAIN	4	WITHDRAWS TO PAIN	4
	ABNORMAL FLEXION	3	FLEXION (PAIN)	3
	ABNORMAL EXTENSION	2	EXTENSION (PAIN)	2
	NONE	1	NONE	1

☐ SEE TRAUMA FLOW SHEET ☐ SEE CODE SHEET

WBMC 6300 02 WALLACE

Triage [signature] R.N.

PSYCHOSOCIAL STATUS / EDUCATION

Are there any religious, traditional, ethical or cultural practices that need to be a part of your care?

☐ Yes ☐ No

Specify: _____

Are you being hit, hurt or frightened by anyone in your home life?

☐ Yes ☐ No

How do you learn best? ☐ Verbal ☐ Reading ☐ Demonstration

What interferes with your learning? ☐ Physical ☐ Age Related ☐ Communication ☐ Language

☐ Spiritual ☐ Cultural ☐ Hearing ☐ Visual ☐ None ☐ Religious

INTERVENTIONS

☐ Tylenol _____ mg. Time _____

☐ Ibuprofen _____ mg. Time _____

☐ Wound Cleansed _____

_____

☐ NPO - Explained at Triage

☐ C-Collar

☐ Dressing _____

_____

_____

☐ Ice & Elevation

☐ Immobilization

☐ Isolation Mask

CONSENT AND AUTHORIZATION

I am presenting myself for diagnosis and treatment at the Walker Baptist Medical Center and I consent to the rendering of such care, including diagnostic procedures, surgical and medical equipment, and blood transfusions, by authorized members of the hospital medical staff or their designees, as may in their professional judgement be necessary. I acknowledge that no guarantees have been made to me as to the results of such examinations or treatment on my condition.

Undersigned hereby authorizes the Walker Baptist Medical Center and my Physician(s) to release to my insurors full information (including copies of records) relative to this hospitalization.

X Unable to Sign

PATIENT/PARENT/RESPONSIBLE PARTY SIGNATURE

RELATIONSHIP TO PATIENT

20

WALKER BAPTIST MEDICAL CENTER

BARRON **TOMMY**
SOUTHERN MEDICAL GRO 08/12/03
MR: **0246796** M W 046 [redacted]
PT: **9612313-8** FC: L ED 09

CONSENT FOR TREATMENT

(Addressograph)

CONSENT OF HOSPITAL SERVICES: Consent is given to Walker Baptist Medical Center, Radiology Associates of North Alabama, P.C., Southern Medical Group, Inc., Foothills Anesthesia P.C., and Baptist Health Clinics, its contractors and its employees to provide hospital services and administer physician orders. Certain procedures may require separate consents. Physicians are responsible for explaining medical or surgical procedures, and patients may be called following their procedure for quality and continuum of care. The undersigned authorizes observers to be present during treatment/surgery for purposes of medical training and education.

PHYSICIANS: Physicians including, without limitation, Southern Medical Group Inc., Radiology Associates of North Alabama, P.C., Foothills Anesthesia, P.C., and Baptist Health Clinics, and Inpatient Medical Services.

Unconscious due to Intoxication

Consent for treatment (by patient or authorized representative)

8-12-03

Date

Witness

WALKER BAPTIST MEDICAL CENTER

BARRON **TOMMY**
SOUTHERN MEDICAL GRO 08/12/03
MR: **0246796** M W 046 [redacted]
PT: **9612313-8** FC: L ED 09

(Addressograph)

CONDITIONS OF ADMISSION PRIVACY NOTICE AND FINANCIAL RESPONSIBILITY

PERSONAL VALUABLES: The Walker Baptist Medical Center is not responsible for money, jewelry, dentures, hearing aids, eye glasses, watches, credit cards, end such other items which are not deposited in the Hospital safe.

AUTHORIZATION TO RELEASE INFORMATION: The undersigned authorizes the Walker Baptist Medical Center and any physician rendering service, for example,Radiology Associates of North Alabama, P.C., Southern Medical Group, Inc., Foothills Anesthesia, P.C., and Baptist Health Clinics, Inc., to release medical or other information about the patient which may be necessary for the completion of insurance claims, review of services, or receipt of benefits. Such information may include current medical records. The information may be released to third-party payors, including the third-party payor's agent and/or representative or anyone responsible for payment of hospital and/or physician charges.

ASSIGNMENT OF BENEFITS: The undersigned assigns to and authorizes direct payments of benefits (including insurance benefits, otherwise payable with respect to the patient) to the Walker Baptist Medical Center, Southern Medical Group, Inc., Radiology Associates of North Alabama, P.C., Foothills Anesthesia P.C. and Baptist Health Clinics, Inc. The undersigned agrees to assist in processing claims for benefits.

MEDICARE AUTHORIZATION: I certify the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request payment of the authorized benefits be made on my behalf to the Walker Baptist Medical Center, Southern Medical Group, Inc., Radiology Associates of North Alabama, P.C., Foothills Anesthesia P.C. and Baptist Health Clinics, Inc. or any physician rendering services during my treatment.

FINANCIAL RESPONSIBILITY: The undersigned agrees to pay for the hospital services, accommodations and physician services rendered to patient and is hereby obligated to pay the accounts of the hospital. It is understood that in the event of obstetrics care the undersigned is obligated to pay the hospital account for mother and infant(s). It is understood and agreed that Walker Baptist Medical Centers, charges not paid may be placed with any attorney or a collection agency. It is understood and agreed that reasonable cost of collection including attorney fees, collection agency fees, and/or open account interest charges assessed are payable by the undersigned. To the extent not expressly prohibited by applicable law, the undersigned agrees to pay all hospital charges not paid in full to the hospital by a third-party payor. The Walker Baptist Medical Center accepts cash, Mastercard, Visa, Discover Card.

The undersigned is aware that in some cases the patients hospital bill may not be covered in full by the insurance company. The undersigned is aware of the fact the (patient/responsible party/guarantor) are responsible for any balance insurance does not pay. This balance due may include provisions set by your insurance company such as: co-payments, deductibles, and "usual and customary" allowances. Co-payments, and deductibles are due upon admission and must be paid prior to discharge.

I ACKNOWLEDGE THAT I HAVE READ THIS FORM AND UNDERSTAND ITS PURPOSE AND CONTENT.

Unconscience due to intoxication
Guarantor (Agreement to Pay)

[signature]
I have received the BHS privacy notice

Refused the privacy notice

8-12-03
Date

Witness

CONDITIONS OF ADMISSION AND PRIVACY ACKNOWLEDGMENT